

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Street Address

1000 G Street, Suite 450

Area Code/Phone Number

(916) 324-4695

E-mail

drushton@mrmib.ca.gov

Agency Contact (name and title)

Diana Rushton, Filing Officer

Date Stamp

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FAIR POL
PRACTICES CO

2010 NOV -4

California
Form 801

FOR Official Use Only

AM 11:25

☐ Amendment (explain in comment section)

Date of Original Filing:

(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

David and Lucille Packard Foundation

Name

300 Second Street

Los Altos

CA

94022

Address

City

State

Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name

\$

Amount

Name

\$

Amount

3. Payment Information

Date and Amount of Payment (other than travel)

(month, day, year)

\$

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

New Orleans, LA

10/2/10-10/7/10

Date(s) of Travel

\$ 646.80

Transportation Expenses

\$ 613.16

Lodging Expenses

\$ 88.00

Meal Expenses

\$ 25.00

Other Expenses

\$ 1372.96

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

Casillas

Last Name

Janette

First Name

Chief Deputy Director

Title

Executive

Department/Division

Last Name

First Name

Title

Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: (Use this space or an attachment for any additional information.)